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Application Number: 10/668,091

Filing Date: Sept 19, 2003

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on 12/16/2004

Date



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Pam M. Prellwitz

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1. Certificate of Transmission
2. Fee Transmittal
3. Amendment (Response to Office Action of 9/16/2004) (15 pages)

Total pages: 17

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/668,091
Filing Date	9/19/2003
First Named Inventor	Frederick Diggle, III
Examiner Name	Debra S Melslin
Art Unit	3723
Attorney Docket No.	BE1 -002US

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 12-0789 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 38540 (Attorney/Agent)	Telephone (206) 315-4001
Name (Print/Type)	Lawrence E. Lycke		Date 12/16/2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.10/668,091
Filing DateSep 19, 2003
InventorsDiggle III et al.
Group Art Unit3723
Examiner Meislin, Debra S.
Attorney's Docket No. BE1-0002US
Title: Multi-Purpose Hand Tool and Interconnected Set of Tools

AMENDMENT

To: Mail Stop: Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22

From: Lawrence E. Lycke (Tel. 206-315-4001; Fax 509-323-8979)
Customer No. 29150

Applicants respectfully request entry of the following amendment and remarks contained herein in response to the Office Action mailed September 16, 2004. Applicants respectfully submit that the amendment and remarks contained herein place the instant application in condition for allowance.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 6 of this paper.